

MEDICAL RECORD			REPORT OF DEATH		
PATIENT'S NAME		AGE	N.U.	INSTITUTE	UNIT NUMBER
DATE OF ADMISSION	DATE OF DEATH	HOUR <div style="display: flex; justify-content: space-between; width: 100%;"> <span>a.m.</span> <span>p.m.</span> </div>	ATTENDING PHYSICIAN/STAFF FELLOW NAME		

**MEDICAL CERTIFICATION** (To Be Completed By Physician)

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CUASE	(A)	
ANTECEDENT CAUSES (S)  <i>Diseases or conditions, if any, giving a rise to the above cause stating the underlying cause last.</i>	(B)	
	(c)	

2. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to the death but not related to the disease or condition causing death.)

3. DATES OF OPERATION	MAJOR FINDINGS OF OPERATION	AUTOPSY <input type="checkbox"/> YES <input type="checkbox"/> NO
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4. DID THIS PATIENT HAVE ANY TRANSMISSIBLE, INFECTIOUS DISEASES? ☐ Yes ☐ No

5. WERE RADIOACTIVE SUBSTANCES ADMINISTERED TO THIS PATIENT? ☐ YES ☐ NO

IF YES:	WHAT ISOTOPE(S)	DOSE	DATE ADMINISTERED

6. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE OF INJURY	CITY OR TOWN	COUNTY	STATE
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7. TIME OF INJURY	Day      Mo.      Yr.      Hr. INJURY OCCURRED AT                      NOT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK	HOW DID INJURY OCCUR?
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8. MEDICAL EXAMINER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHY?
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<i>If Medical Examiner's case make no attempt to obtain permission for autopsy.</i>	REPORTED TO MEDICAL EXAMINER BY
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**REPORT TO PATHOLOGIST**

<i>Use terms approved by international List of Causes of Death</i>	DATE OF AUTOPSY	HOUR <div style="display: flex; justify-content: space-between; width: 100%;"> <span>a.m.</span> <span>p.m.</span> </div>
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GROSS PATHOLOGICAL FINDINGS AND ANATOMIC DIAGNOSES	(Number in order of importance in relation to cause of death.)	PROBABLE DURATION
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1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
IMMEDIATE CAUSE	(A)	
	(B)	
	(C)	

2. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to the death but not related to the disease or condition causing death.)

AUTOPSY PERFORMED BY

*NOTE: Upper half of form is completed by attending physician at time of death and attached to medical record.*

Patient Identification	<b>REPORT OF DEATH</b> <b>NIH-1082 (4-88)</b> P.A. 09-25-0099 File in Section 1: Death Reports
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*(This part reserved for administrative use.)*

**CAUSE OF DEATH AS GIVEN ON STANDARD CERTIFICATE**

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DATE	SIGNATURE OF ASSISTANT DIRECTOR
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REMARKS: